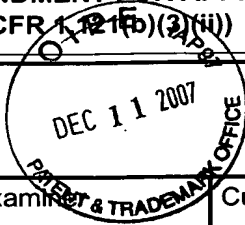


**SUBMISSION OF PROPOSED DRAWING AMENDMENT FOR APPROVAL BY
EXAMINER (37 CFR 1.121(a) or 37 CFR 1.121(b)(3)(ii))**

Docket No.

L8638.06101

In Re Application Of: **Jun KOIZUMI et al.**



Application No.

10/566,981

Filing Date

February 2, 2006

Examiner

D. Rosenau

Customer No.

52989

Group Art Unit

2834

Confirmation No.

2868

Invention: **ULTRASONIC MOTOR DRIVING DEVICE AND ULTRASONIC DIAGNOSTIC DEVICE**

Address to:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Attached please find:

(check applicable items)

- ☒ a sketch in permanent ink
- ☐ a copy of the original drawing(s) with red ink

showing proposed changes to the drawing(s) in this application for which the approval of the examiner is requested.

Signature

James E. Ledbetter
Reg. No. 28,732

Dated: **December 11, 2007**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Jun KOIZUMI et al.**

Docket No.

L8638.06101

Application No.

10/566,981

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Confirmation No.

2868Invention: **ULTRASONIC MOTOR DRIVING DEVICE AND ULTRASONIC DIAGNOSTIC DEVICE****COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

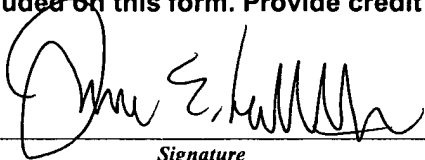
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4 -	5 =	0	x \$210.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **19-4375**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038.

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Dated: **December 11, 2007**

James E. Ledbetter
Reg. No. 28,732

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